

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119252

FILED
Sep 15, 2009
Secretary of State

Entity Name: LARKAT LLC

Current Principal Place of Business:

680 NW 79TH TERRACE
#202
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

13100 NW 113TH AVE RD
C/O JETEX
MIAMI, FL 33178 US

Current Mailing Address:

680 NW 79TH TERRACE
#202
PEMBROKE PINES, FL 33024 US

New Mailing Address:

13100 NW 113TH AVE RD
C/O JETEX
MIAMI, FL 33178 US

FEI Number: 26-2417903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORBIE, COLLIN M
680 NW 79TH TERRACE
#202
PEMBROKE PINES, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEQUAY, LARRY
Address: 680 NW 79TH TERRACE, #202
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM () Delete
Name: LEQUAY, KATHY
Address: 680 NW 79TH TERRACE, #202
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: COLLIN CORBIE

MR.

09/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date